

**IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL
CIRCUIT IN AND FOR INDIAN RIVER COUNTY, FLORIDA**

IN RE: _____ CASE NO: _____

**Petition and Affidavit for Involuntary Treatment Services
[Marchman Act]
*Pursuant to Florida Statute Chapter 397***

I (We) _____, being duly sworn, am (are) filing this sworn statement requesting a court Order for Involuntary Treatment Services for Substance Abuse under the Marchman Act of _____, an adult or a minor (hereinafter referred to as Respondent). (Name of Person)

The Petitioner(s) has(have) a good faith belief that the Respondent meets the criteria for Involuntary Admission because: *(Check one)*

- The Respondent is substance abuse impaired; **OR**
- The Respondent has a substance abuse disorder and a co-occurring mental health disorder.

The Petition and Affidavit will be included in the Respondent's clinical record and may be viewed by the Respondent. I understand that by filling out this form; (1) the Respondent may be taken by law enforcement to a hospital or licensed substance abuse facility for assessment and stabilization; (2) If this Petition should be granted, the Respondent's name will be placed on the statewide Mental Competency Database (MECOM).

I SWEAR AND AFFIRM that the answers to the following questions are given honestly, in good faith, to the best of my knowledge, and for no ulterior purpose.

Assessment Status: *(Check one)*

- Respondent has been placed under protective custody pursuant to F.S. 397.677 within the previous 10 days;
- Respondent has been subject to an emergency admission pursuant to F.S. 397.679 within the previous 10 days;
- Respondent has been assessed by a qualified professional within 30 days;

If assessed: *(Check one)*

- A copy of the Assessment is attached; or
- A copy of the Assessment will be filed with the Clerk of the Circuit Court by the qualified professional no later than the ordinary close of business on the day before the scheduled hearing. *[Petitioner(s) will bring a copy to the scheduled hearing.]*

OR

- Petitioner(s) is(are) seeking court ordered involuntary assessment and stabilization pursuant to F.S. 397.6818.

Exigent Circumstances:

I/We, the Petitioner(s), allege that exigent circumstances exist requiring the issuance of an ex parte Order for assessment and stabilization of the Respondent.

Describe in detail the exigent circumstances that cause you to believe the Court should treat this as an emergency:

1. PARTY ADDRESSES:

a. The Petitioner lives at (print full residential address):

Street Address _____ City _____ State Zip _____

b. The Respondent lives at (RESIDENTIAL ADDRESS):

Street Address _____ City _____ State Zip _____

c. The Respondent *may be found at (non-residential address)*:

Street Address _____ City _____ State Zip _____

2. I have the following relationship with the Respondent: (Check one)

- Spouse
- Legal Guardian
- Relative _____
- Service Provider
- Adult with direct personal knowledge of the Respondent’s substance abuse impairment and prior course of assessment and treatment.

3. The Respondent: (Check as many as apply)

- Has mental health issues;
- Is a minor;
- Has assets sufficient to pay attorney fees;
- Does not have assess sufficient to pay attorney fees; or
- It is unknown whether the Respondent has assets sufficient to pay attorney fees.

Please provide the following identifying information about the person (if known) if it is determined necessary to take the PERSON into custody for examination:

County of Residence: _____ Date of Birth: _____ Age: _____

Race: _____ Sex: _____ SS#: _____

Attach a picture of the Person if possible. Picture attached: Yes No

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Does Person have access to any weapons: Yes No

4. I am am not on good terms with the Respondent at the present time.

If not on good terms, please explain why:

IF there is a domestic violence injunction a.k.a. restraining order, no contact order, dissolution of marriage, other family proceeding, pending eviction, or any other legal dispute involving the parties, or a family member, please provide the **case number and location of the Court below:**

5. I or a family member have have not previously made allegations to law enforcement involving this Person on _____ (date) such as domestic violence, trespassing, batter, child abuse, or neglect, Baker Act, neighborhood disputes, etc. *If allegations have been made describe below:*

6. This Person has has not previously made allegations to law enforcement about me or my family on _____ (date) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, neighborhood disputes, etc. *If allegations have been made, describe below:*

7. This Person has has not previously (or currently) been involved in criminal or delinquency charges. *If so, explain below:*

8. I have known the Respondent for _____ (how long)

The Respondent has only recently displayed behavior related to substance abuse impairment or disorder.

The Respondent has, over a period of time, had a substance abuse impairment or disorder. If so, specify how long: _____

CHECK AND COMPLETE THE FOLLOWING IF APPLICABLE:

9. I do, OR do not, believe that the Respondent is substance abuse impaired (defined in s. 397.311(19), F.S., as a condition involving the use of alcoholic beverages, illicit or prescription drugs, or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems or cause socially dysfunctional behavior) If so, *explain why* (i.e., observation, related knowledge, etc.).

10. I do, OR do not, believe that because of such impairment or disorder, the Respondent has lost the power of self-control with respect to substance abuse. If so, *explain why* (i.e., observation, related knowledge, etc.).

11. I do, OR do not,, believe that because of such impairment or disorder, the Respondent has lost the power of self-control to substance abuse. If so, *explain why* (i.e., observation, related knowledge, etc.).

12. I do, OR do not, believe the Respondent is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgement has been so impaired that he or she is incapable of appreciating his or her need or such services and of making a rational decision in that regard. If so, *explain why* (i.e., observation, related knowledge, etc.).

13. I do, OR do not, believe that without care or treatment, he or she is likely to suffer from neglect or refuse to care for himself or herself and that such neglect or refusal poses a real and present threat of substantial harm to his or her wellbeing. If so, *explain why* (i.e., observation, related knowledge, etc.).

14. I do, OR do not, believe that such harm may be avoided through the help of willing, able and responsible family members or friends or the provision of other services. If so, *explain why* (i.e., observation, related knowledge, etc.).

15. I do, OR do not, believe there is substantial likelihood that the Respondent has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict, physical harm on himself, herself, or another. If so, *explain why* (i.e., observation, related knowledge, etc.).

16. (a.) I have attempted to get the Respondent to seek assistance for a substance abuse problem(s) as follows:

(b.) I did not try to get the Respondent to agree to a voluntary assessment or treatment because:

(c.) The Respondent refused a voluntary assessment or treatment because:

18. Does the Respondent have access to any weapons? Yes No Unknown

If yes, please describe the type of weapon(s) and their location(s) if known:

19. Has the Respondent been violent toward anyone including law enforcement in the recent past?

If yes, please describe:

20. Is the Respondent violent now?

If yes, please describe:

21. Does the Petitioner(s) or the Respondent require the assistance of an interpreter?

Yes or No. If YES, please identify the type of interpreter required _____

22. Does the Respondent have a legal Guardian? Yes No Unknown

22. Is there a pending petition to determine the Respondent's capacity, and to appoint a guardian?

Yes No Unknown

23. If YES, to either question 21, or 22 above, provide the name, address, and phone number of the current or proposed guardian, along with a copy of the Letters of Guardianship if issued.

Guardian Name _____ Phone _____

Address _____ City _____ State Zip _____

Respondent's Physician
 Doctor's Office _____ Phone Number _____
 Physician's Name _____ Email _____

If provided, please describe: _____


I understand that this sworn statement is given under oath and will be treated as though it was made before a Judge in a court of law. I understand that any information in this sworn statement which is not to the best of my knowledge and not done in good faith may expose me to a penalty for perjury and other possible penalties under statutes of the state of Florida. Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

ESERVICE/EMAIL OF PETITIONER(S) _____

Signature of Petitioner(s) _____

Petitioner's Signature can be verified by a Notary Public or by the Clerk of the Court

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this day of 20 by _____ who is personally know to me or who has produced _____ as identification.

[Notary Seal]


 NOTARY PUBLIC or DEPUTY CLERK

 Name Typed, printed, or stamped
 My Commission Expires: _____